

## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED



# FORM D

APR 282008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

1435	1113							
OMB APPROVAL								
OMB Number:	3235-0076							
Expires:								
Estimated average burden								
hours per respons	<u> 1600</u> l							

Serial

THOMSON REVIEWS	RM LIMITED OFFERING E		TION	DATE RESERVED	
UNIFO	MI LIMITED OFFERING E.	ALIVII	TION L		
Name of Offering ( check if this is an amendm	nent and name has changed, and indicate chan	gc.)			
ADVANCED EQUITIES QUANTIA INVESTI	MENTS I, LLC/ Offering of Membership	Interests	s	۲ -	
Filing Under (Check box(es) that apply):   Ru	ile 504 🔲 Rule 505 🛛 Rule 506 🔲 Seci	tion 4(6)	ULOE		~
Type of Filing:	t				4
	A. BASIC IDENTIFICATION DATA	\		APR 2 12008	
1. Enter the information requested about the issue	or .			10/0-1	
Name of Issuer ( check if this is an amendment	t and name has changed, and indicate change.)	)		Washington, DC	
ADVANCED EQUITIES QUANTIA INVESTM	ENTS I, LLC			111	
Address of Executive Offices	(Number and Street, City, State, Zip	Code)	Telephone Nu	mber (Including Area Code)	
311 SOUTH WACKER DRIVE SUITE 1650 (	CHICAGO IL 60606		312-377-5300		
Address of Principal Business Operations	(Number and Street, City, State, Zip	Code)	Telephone Nu	imber (Including Area Code	)
(if different from Executive Offices)			•		
Brief Description of Business					
INVESTMENT IN SECURITIES OF PRIVATE	ELY HELD TECHNOLOGY COMPANY				
Type of Business Organization				08046253	1 <b>6</b> 8344 WII 1991 L
• • • • • • • • • • • • • • • • • • • •	ed partnership, already formed	other (n	ease specify):	00040200	,
	d partnership, to be formed		d Liability Co	mpany	
	Month Year				
Actual or Estimated Date of Incorporation or Organ		Estim			
Jurisdiction of Incorporation or Organization: (Ente	er two-letter U.S. Postal Service abbreviation	for State:			

# **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

DE

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) ADVANCED EQUITIES QUANTIA MANAGEMENT CORPORATION Business or Residence Address (Number and Street, City, State, Zip Code) 311 SOUTH WACKER DRIVE SUITE 1650 CHICAGO IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B, II	NFORMAT	ON ABOU	T OFFERI	NG				
ı	Hac tha	iccuer col	d, or does th	na issuar i	atend to ce	II to non a	acredited i	nvectore ir	this offeri	ina?		Yes	No <b>⊠</b>
٠.	rias inc	issuei SUIC	a, or ducs tr								***************************************	L	Œ.
_	Answer also in Appendix, Column 2, if filing under ULOE.								s (1)				
2. mini	inimum investment amount of Interests in the LLC is \$111,300.00 although the managing members may accept contribution lesser amounts in their sole discretion.												
тип 3.										anduluma Of	Yes	No	
و. 4.	Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any									_	L		
<b>.</b>	or states	sion or sim on to be lis s, list the na	ilar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de	solicitation erson or ago caler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec d with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or l	Residence	Address (N	lumber and	Street, C	ity. State. 7	in Code)						
			ive Suite 16			•							
			roker or De						•				
Ad	vanced E	quties, In	C.										
Stat	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	urchasers						
	(Check	"All States	s" or check	individual	States)							ا۸ 🗆	States
	الكيا	[AIZ]	[47]	[AD]	CA	[50]	[टक्रा	[EE]	[DC]	151		اتتا	[II]
	AL	[AK]	[AZ]	AR	CA IZVI	CO	CT ME	DE MD	DC MA	FL]	GA MN	[HI] [MS]	ID MC
	MT	[NE]	NV	KS [NH]	KŸ NJ	LA NM	ME NW	NC NC	ND	OH]	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY)	PR
) ·	almana ==	Daniel	Addessa O		.d C+++ C	Sites Conta	7in Cadal						
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)			<u>.</u>			
			Address (1		d Street, C	City, State, 2	Zip Code)						<u>.</u>
Nar	me of Ass	sociated Bi		aler									
Nar	me of Ass	ociated Br	roker or De	aler s Solicited	or Intends	s to Solicit	Purchasers					AI	l State:
Nar	me of Ass tes in Wh (Check	ich Persor	roker or De n Listed Has s" or check	aler s Solicited individual	or Intends	s to Solicit	Purchasers						-
Nar	me of Ass	ociated Br	roker or De	aler s Solicited	or Intends	s to Solicit	Purchasers		DC MA	FL MI	GA MN	☐ Al	ĪD
Nar	me of Ass tes in Wh (Check	ich Persor "All State:	roker or De  Listed Has s" or check	aler s Solicited individual	or Intends States)	to Solicit	Purchasers	DE	[DC]	FL	GA	HI	ID MO
Nar	me of Ass tes in Wh (Check	ich Persor "All States	n Listed Has s" or check	aler s Solicited individual AR KS	or Intends States) CA KY	co	Purchasers  CT  ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
Nar	tes in Wh (Check	ich Persor "All State:  AK IN NE SC	n Listed Hass or Check AZ IA NV SD	s Solicited individual  AR  KS  NH	or Intends States)  CA  KY  NJ	CO LA NM	Purchasers  CT  ME  NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MC PA
Nar	tes in Wh (Check	ich Persor "All State:  AK IN NE SC	n Listed Hass or Check AZ IA	s Solicited individual  AR  KS  NH	or Intends States)  CA  KY  NJ	CO LA NM	Purchasers  CT  ME  NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MC PA
Nar Sta	tes in Wh (Check  AL IL MT RI	ich Persor "All States  AK IN NE SC	n Listed Hass" or check  AZ  IA  NV  SD  first, if ind	aler  s Solicited individual  (AR)  (KS)  (NH)  (TN)  ividual)	or Intends States)  CA  KY  NJ  TX	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MC PA
Nar Sta	tes in Wh (Check  AL IL MT RI	ich Persor "All States  AK IN NE SC	n Listed Hass or Check AZ IA NV SD	aler  s Solicited individual  (AR)  (KS)  (NH)  (TN)  ividual)	or Intends States)  CA  KY  NJ  TX	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
Nar Sta	tes in Wh (Check  AL IL MT RI I Name (I	ich Person "All States  AK IN NE SC  Last name	n Listed Hass" or check  AZ  IA  NV  SD  first, if ind	aler  s Solicited individual  AR  KS  NH  TN  ividual)	or Intends States)  CA  KY  NJ  TX	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nar Star Bus	tes in Wh (Check  AL IL MT RI  I Name (I	ich Persor "All States  AK IN NE SC  Last name Residence	n Listed Hass" or check  AZ  IA  NV  SD  first, if indice Address (1	aler  s Solicited individual  AR  KS  NH  TN  ividual)	or Intends States)  CA  KY  NJ  TX  d Street, C	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
Nar Star Bus	tes in Wh (Check AL IL MT RI I Name (I	ich Person "All States  AK IN NE SC  Last name Residence sociated Bi	n Listed Hass" or check  AZ  IA  NV  SD  first, if index  Address (1)	S Solicited individual  AR  KS  NH  TN  ividual)  Number an aler	or Intends States)  CA  KY  NJ  TX  d Street, C	CO LA NM UT  City, State,	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	I States  ID  MO  PA  PR
Nar Star Bus	tes in Wh (Check AL IL MT RI I Name (I	ich Person "All States  AK IN NE SC  Last name Residence sociated Bi	n Listed Hases" or check  AZ  IA  NV  SD  first, if index  Address (7)  roker or De	S Solicited individual  AR  KS  NH  TN  ividual)  Number an aler	or Intends States)  CA  KY  NJ  TX  d Street, C	CO LA NM UT  City, State,	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Nar Star Bus	tes in Wh (Check  AL IL MT RI I Name (I	AK IN NE SC Last name Residence sociated Bi	n Listed Has s" or check  AZ NV SD  first, if indi c Address (7) roker or De n Listed Has s" or check	S Solicited individual  AR  KS  NH  TN  ividual)  Number an aler  s Solicited individual	or Intends States)  CA  KY  NJ  TX  d Street, C	CO LA NM UT  City, State,	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Nat Star Ful Bus	tes in Wh (Check  AL IL MT RI I Name (I	ich Persor "All State:  AK IN NE SC  Last name Residence sociated Bi	n Listed Has  To check  AZ  IA  NV  SD  first, if ind  Address (1)  roker or De  Listed Has  "" or check	aler  S Solicited individual  AR  KS  NH  TN  ividual)  Number an aler  S Solicited individual	or Intends States)  CA  KY  NJ  TX  d Street, C  or Intends States)	CO LA NM UT  City, State,	Purchasers  CT  ME  NY  VT  Vip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HII MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	
	Debt		
	Equity	<u> </u>	\$
	Common Preferred	_	_
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	22,000,000.00	\$ 25,000.00
	Total	\$ 22,000,000.00	\$ 25,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 25,000.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		<b>S</b>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 303	N/A	\$ <u>0</u>
	Regulation A	N/A	\$_0
	Rule 504	N/A	s_0
	Total		<u>\$</u> 0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<b>[</b>	\$_15,000.00
	Legal Fees	<b>Z</b>	\$ 10,000.00
	Accounting Fees		s
	Engineering Fees	<u> </u>	\$
	Sales Commissions (specify finders' fees separately)	<b>_</b>	\$ 1,250.00
	Other Expenses (identify)	_	\$
	Total	_	\$ 26,250.00

	C. OFFERING PRICE, NOME	SER OF INVESTORS, EXPENSES AND USE OF	- I ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	SS	\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a the payments listed must equal the adjusted gro	nd	
-		<b>\-</b> /	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🔲 \$	_ 🗆 \$
	Purchase of real estate		🗌 \$	s
	Purchase, rental or leasing and installation of mac	hinery	🔲 \$	
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	🔲 <b>\$</b>	_ []\$
	Repayment of indebtedness		🗆 \$	\$
	Working capital		🔲 \$	- 🗆 \$
	Other (specify): Purchase of Investment Securi	lies	_ [] \$	\$ 25,000.00
			- [] \$	_ 🗆 \$
	Column Totals		🗹 \$ <u>0.00</u>	<b>2</b> 5,000.00
	Total Payments Listed (column totals added)	🔽 s_2	5,000.00	
Γ		D. FEDERAL SIGNATURE	,	
sig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Com-	nission, upon writt	ule 505, the following en request of its staff,
lss	suer (Print or Type)	Signature	Date	
Α	DVANCED EQUITIES QUANTIA INVESTMENTS I		04/04/2008	
Na	nme of Signer (Print or Type)	Title of Signer (Print or Type)		
Αn	nal Amin	Secretary of Managing Member		

(2) Calculated based on the maximum aggregate offering amount.

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	<sup>No</sup> <b>⋉</b> (3)				
	See Appendix, Column 5, for state response.						

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

ADVANCED EQUITIES QUANTIA INVESTMENTS I, LLC

Name (Print or Type)

Amal Amin

Secretary of Managing Member

(3) Not applicable for Rule 506 offerings.

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX** 4 5 2 3 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Investors Investors Amount Yes No Yes No Amount State AL ΑK ΑZ AR CA CO CTDE DC FLGA HI ID ΙĻ IN IA KS KY LA ME MD MA ΜI MN MS

5 2 3 4 ŀ Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell explanation of offering price Type of investor and to non-accredited waiver granted) investors in State offered in state amount purchased in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited No Investors Investors Yes No State Yes Amount Amount MO MT NE NV NH NJ NM X 22,000,000 1 \$25,000.00 \$0.00 × NY NC ND OH OK OR PA RΙ SC SD TN TX UT VT VA WAWV WI

APPENDIX

APPENDIX												
l	1 2 3 4							5 Disqualification				
	to non-a	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				amount purchased in State waiver gr			, attach ation of granted)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No			
WY												
PR												

# **END**